

## DEPARTMENT OF HEALTH SERVICES

4744 P STREET  
SACRAMENTO, CA 95814  
(916) 323-0503



August 26, 1987  
CMSP Letter 87-7

TO: CMSP County Welfare Directors

**SUGGESTED CMSP FORMS**

This letter transmits a copy of two county forms for your review and comment. Based on your comments, the Small County Advisory Committee's Eligibility Subcommittee and DHS will decide if those forms (or modified forms) should be made available as CMSP forms. The forms under consideration are the:


1. High Risk Case Identification Form from Kings County which assists workers in identifying, tracking high risk cases as well as preventing overpayments and fraud abuse.
2. Profit and Loss Statement Form from Tehama County which assists workers in determining net profit from self employment.

Please forward your comments by September 30, 1987 to:

Department of Health Services  
County Health Services Branch  
County Medical Services Program  
Attn: Albert Cooper  
714 P Street, Room 523  
Sacramento, CA 95814

If you have any questions regarding this letter, please contact Albert Cooper of the County Health Services Branch at (916) 324-4892.

Sincerely,

  
Jim Martinez, Chief  
County Medical Services Program

Enclosures

JM:tn

Business Name \_\_\_\_\_ Type of Business \_\_\_\_\_

(See reverse for instructions for completion.)

PART I - Complete this section if you buy and then resell a product or if you make a product for sale. Otherwise start with Part II.

County use only

1. Cost of Products on hand at beginning of Month . . . . . \$ \_\_\_\_\_
2. Cost of products you purchased during Month + \$ \_\_\_\_\_
3. Cost of materials & supplies used to make products . . . . . + \$ \_\_\_\_\_
4. Other costs to make products . . . . . + \$ \_\_\_\_\_
5. Total cost of products or supplies purchased during Month . . . . . + \$ \_\_\_\_\_
6. Total of products on hand at beginning of Month plus cost of products or supplies purchased during month (Line 1 plus Line 5) . . . . . = \$ \_\_\_\_\_
7. Cost of total products on hand at end of Month . . . . . - \$ \_\_\_\_\_
8. COST OF PRODUCTS SOLD DURING THE MONTH IS . . . . . = \$ \_\_\_\_\_  
(Line 6 minus Line 7)

## PART II - Income

1. Total gross income (All receipts or sales) . . . . . \$ \_\_\_\_\_
2. Cost of products sold (enter amount from #8) If you did not sell a product enter Zero here . . . . . - \$ \_\_\_\_\_
3. Net Income . . . . . = \$ \_\_\_\_\_

## PART III - Deductions for Operating Costs

- Rent or payment for business bldg. . . . . \$ \_\_\_\_\_
2. Utility cost (gas, electric, water) for business . . . . . \$ \_\_\_\_\_
3. Telephone for business . . . . . \$ \_\_\_\_\_
4. Car and truck expense (gas, oil, etc.) DO NOT include personal expenses to & from work \$ \_\_\_\_\_
5. Bank Service Charges on business Checking Account . . . . . \$ \_\_\_\_\_
6. Office supplies and postage . . . . . \$ \_\_\_\_\_
7. Other - List each item of cost separately Below: (See reverse for Types of Costs allowed)
- 7a. \_\_\_\_\_ \$ \_\_\_\_\_
- 7b. \_\_\_\_\_ \$ \_\_\_\_\_
- 7c. \_\_\_\_\_ \$ \_\_\_\_\_
- 7d. \_\_\_\_\_ \$ \_\_\_\_\_
- 7e. \_\_\_\_\_ \$ \_\_\_\_\_
- 7f. \_\_\_\_\_ \$ \_\_\_\_\_
- 7g. \_\_\_\_\_ \$ \_\_\_\_\_
- 7h. \_\_\_\_\_ \$ \_\_\_\_\_
- 7i. \_\_\_\_\_ \$ \_\_\_\_\_
8. Total Deductions for Operating Costs . . . . . \$ \_\_\_\_\_
9. NET PROFIT (Line 3 minus Line 8) . . . . . \$ \_\_\_\_\_

DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

## HIGH RISK CASE IDENTIFICATION

Case Name \_\_\_\_\_

Case Number \_\_\_\_\_

## A. IDENTIFYING HIGH RISK CASES

If two or more of the following characteristics are checked or one identified with an asterisk is checked in any one program, the case shall be considered a High-Risk case:

AFDC  
F/S  
M/C

- |                          |                                     |                                     |  |
|--------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Previous indication of fraud or perjured application.  |
| *                        | <input type="checkbox"/>            | <input type="checkbox"/>            | Rent and utilities expense equal to 75% or more of Household/FBU/MFBU income (including AFDC grant). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Two or more sources of income to FBU (other than AFDC grant)   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Caretaker is male  |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Frequent address changes (three or more in six months).  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Two or more missed appointments with Family Support in six months.                                   |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Post Office box for mail (exception: wherever Post Office refuses mail delivery to homes).           |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Stepparents and undocumented alien parents   |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Self-employment.   |
| *                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Client continues to have children by alleged "absent" father   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Parent excluded two or more months due to failure to cooperate with any eligibility procedure.       |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Any other characteristic causing suspicion, with documented Eligibility Worker Supervisor approval.  |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Children/Persons frequently moving in/out of home.   |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Parents separate when case discontinued due to employment/state U terminating.                       |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Habitually late Status Report  |

(OVER)

# HIGH RISK CASE IDENTIFICATION (Con't.)

## B. TREATMENT OF HIGH RISK CASES (where applicable)

AFDC	F/S	M/C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SSA-1610 to verify benefits

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Letter to landlord to verify rent and household composition (Release needed).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Verification of bank accounts (Release Needed).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Verification of employment (Release needed)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Property search.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Compare current month pay stubs with last month

## C. ACTION

AFDC	F/S	M/C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Grants/SOC/FS allotment adjusted or terminated if evidence and manual regulations justify such action.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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AFDC, FS, CMSP: Evidence is inconclusive. Confer with SIU and refer for fraud if appropriate.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Medi-Cal: Evidence is inconclusive. Refer to Fraud Investigations Unit, Fresno, on form MC-609.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Not a high risk case (File 90-9033 with CA-2, CA-20, DFA-285A or MC-210).